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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/992,359 11/14/2001 PAT 6,689,047  
 which claims benefit of 60/248,808 11/15/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*No*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged  <i>[Signature]</i>	  Initials	MA	3	33	3

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## TITLE

Treating urinary incontinence

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )
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